

**2006 MONTHLY LOCAL EMPLOYEE RATES:
DEDUCTIBLE HMO OPTION--STANDARD PLAN DEDUCTIBLE**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2006	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
PLAN NAME	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1*
STANDARD PLAN: DANE ¹	849.90	2121.60	321.10	640.00	1171.00
STANDARD PLAN: MILWAUKEE ²	989.50	2470.50	321.10	640.00	1310.60
STANDARD PLAN: WAUKESHA ³	916.00	2286.90	321.10	640.00	1237.10
STANDARD PLAN: BALANCE OF STATE ⁴	916.00	2286.90	321.10	640.00	1237.10
STATE MAINTENANCE PLAN (SMP)	609.10	1519.30	NA	NA	NA
COMPCAREBLUE AURORA FAMILY	509.30	1269.80	393.60	784.90	900.60
COMPCAREBLUE NORTHWEST	634.70	1583.30	458.60	914.90	1091.00
COMPCAREBLUE SOUTHEAST	546.90	1363.80	412.30	822.30	956.90
DEAN HEALTH PLAN	350.70	873.30	281.00	559.70	629.40
GHC-EAU CLAIRE	536.60	1338.10	407.20	812.10	941.50
GHC-SOUTH CENTRAL	368.60	918.10	295.30	588.30	661.60
GUNDERSEN LUTHERAN	491.10	1224.30	289.80	577.30	778.60
HEALTH TRADITION	472.80	1178.60	375.30	748.30	845.80
HUMANA-EASTERN	545.40	1360.10	411.70	821.10	954.80
HUMANA-WESTERN	585.20	1459.60	431.60	860.90	1014.50
MEDICAL ASSOCIATES HMO	385.70	960.80	287.50	572.70	670.90
MERCYCARE HEALTH PLAN	365.10	909.30	292.50	582.70	655.30
NETWORK HEALTH PLAN	383.50	955.30	307.20	612.20	688.40
PHYSICIANS PLUS--MERITER & UW	346.70	863.30	277.80	553.30	622.20
UNITEDHEALTHCARE NE	408.60	1018.10	327.30	652.30	733.60
UNITEDHEALTHCARE SE	483.00	1204.10	380.40	758.50	861.10
UNITY-COMMUNITY	323.90	806.30	259.50	516.80	581.10
UNITY-UW HEALTH	358.20	892.10	287.00	571.70	642.90
WPS PATIENT CHOICE 1	493.30	1229.80	385.60	768.90	876.60
WPS PATIENT CHOICE 2	535.10	1334.30	406.50	810.70	939.30
WPS PREVEA HEALTH PLAN	453.20	1129.60	363.00	723.70	813.90
Standard Plan rates are determined by the employer county or the retiree county of residence					
STANDARD PLAN AREA INCLUDES THE FOLLOWING:	¹ DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix				
	² MILWAUKEE: Milwaukee county & <u>retirees and continuants living out of state</u>				
	³ WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha				
	⁴ BALANCE OF STATE: All other Wisconsin counties				
N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.					
*Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D;					
Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.					
Medicare premium rates apply only to subscribers who have terminated employment.					